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ABSTRACT

Licensing requirements are often regarded as minimum standards that result in only a basic level of care. In fact, the minimum standards that licensing requires can be as high or low as licensing rules permit. Further, in almost all cases, licensing requirements provide a foundation upon which higher standards can be built. The relationship between licensing requirements and higher quality standards can be illustrated by exploring the role of policies, procedures, and practices in child care settings. These serve as mechanisms that permit programs to achieve a certain level of care and to continually raise that level by encouraging best practices on a daily basis. The purpose of this paper is to: (1) show a relationship between licensing requirements and higher quality standards and illustrate how meeting licensing requirements can be a first step toward achieving high quality; (2) distinguish among policies, procedures, and practices and show how they can function as bridges between licensing requirements and higher quality standards; and (3) illustrate a practical, cost-effective way to increase program quality on a daily basis. The paper details two examples of how policies, procedures, and practices that meet licensing requirements can be enhanced to embody higher standards. (EV)

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POLICIES, PROCEDURES AND PRACTICES :

BRIDGES BETWEEN LICENSING REQUIREMENTS AND HIGHER QUALITY STANDARDS

A Paper Presented at the 1998 Annual Conference of the National Association for the Education of Young Children
Toronto, Ontario, Canada

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Licensing requirements are often regarded as minimum standards that lead to the provision of a basic level of care. In fact, the "minimum" standards that licensing requires can be as high or low as licensing rules permit. Further, in almost all cases licensing requirements provide a foundation upon which higher standards can be built.

The relationship between licensing requirements and higher quality standards can be illustrated by exploring the role of policies, procedures and practices in child care settings. In some jurisdictions, licensing rules require written policies, procedures and practices. In others, the development of policies, procedures and practices is a necessary step in the process of achieving compliance with licensing rules. In either case, written policies, procedures and practices serve as mechanisms that permit programs to both achieve a certain level of care and continually raise that level by encouraging best practices on a daily basis.

To benefit fully from these mechanisms, providers must first recognize the relationship between licensing requirements and higher quality standards. Second, they must be able to distinguish among policies, procedures and practices, and understand how they function in child care settings.

The purpose of this paper, therefore, is to

- show a relationship between licensing requirements and higher quality standards and illustrate how meeting licensing requirements can be a first step toward achieving higher quality.

- distinguish among policies, procedures and practices and show how they can function as bridges between licensing requirements and higher quality standards.

- illustrate a practical, cost-effective way to increase program quality on a daily basis.

Part I - Licensing Requirements and Quality Standards

Research has established a relationship between more stringent licensing requirements and higher quality care. Recent studies include:

- the National Child Care Staffing Study – 1989 (states with more stringent standards were rated higher in quality of care than states with lax standards)
- the Study of Children in Family Child Care and Relative Care – 1994 (regulated providers are more likely to be sensitive and responsive and offer adequate to good care)
- the Cost, Quality and Child Care Outcomes Study – 1995 (states with more demanding licensing standards had fewer poor-quality centers). [1]

It appears, therefore, that meeting licensing requirements – especially stringent licensing requirements – can be a first step toward higher quality care. How that step is taken and where it leads, may be explained by exploring the role of written policies, procedures and practices and in particular, by regarding them as bridges to the achievement of higher quality standards associated with accreditation and other evaluation processes.

Part II - Policies, Procedures and Practices

All organizations must answer three questions:

- Where are you going?
- How are you getting there?
- How far have you got?

In answering these questions, organizations will identify and define ends, means and measures.

Where are you going?

Ends are most commonly described in statements of mission, purpose or philosophy, or articulated as goals and objectives.

How are you getting there?

Organizations express the means to their chosen ends in written policies, procedures and practices. Policies serve as guides to decision making, while

procedures and practices function as guides to action. All three are important in recurring situations. In other words, each time a similar problem arises (for example, the late payment of fees), it can be solved in each case by following the same policies, procedures and practices.

How far have you got?

Measures of achievement should be objective, observable, quantifiable and consistent. Examples include mandatory rules or regulations and voluntary quality standards. In contrast to rules and regulations, voluntary standards are based on research findings and tend to state both *what* action should be taken and *why* that action should be taken. This explanation adds value that distinguishes actions that lead to higher levels of quality.

Ends, Means and Measures Together

As guides to decision-making, policies offer solutions to problems. They are broad statements of desirable outcomes that, on the one hand, are connected to the organization's mission, philosophy and goals, and on the other, lead to more concrete procedures and practices.

Procedures serve as step-by-step guides to action in specific situations. They indicate *what* action should be taken, while practices set out *how* action should be taken. When they are termed 'standard' or 'best' practices, they provide

direction to the best manner of taking action. Practices are more detailed than either policies or procedures. They can be changed with relative ease in response to new information, and provide the most useful tool for raising quality. As the examples below will show, practices that meet minimum requirements can be enhanced through knowledge of the characteristics of quality. Practices that reflect not only what is required by legislation, but what is desirable in accordance with research findings, lead to action that results in higher quality care.

When actions are taken in child care settings, their effectiveness and appropriateness can be assessed by comparing them to the mission and goals the organization set out to achieve. They can also be measured by applying an external test, based on licensing requirements or quality standards. All licensed organizations must embody licensing requirements in their polices, procedures and practices. Effective organizations also learn from their knowledge of higher quality standards and incorporate that knowledge into their own written documents.

For example, even if they cannot become accredited or follow the self-study process developed by a body such as the National Association for the Education of Young Children (NAEYC), child care organizations can incorporate the basic principles expressed in the accreditation criteria into their own written policies,

procedures and practices. In so doing, they provide guidance to their staff for raising the quality of the care they give. Similarly, they can incorporate information from recognized quality assessment tools such as the Early Childhood Environment Rating Scale (ECERS) developed by Harms and Clifford. In the health and safety area, organizations benefit from knowledge embodied in the National Health and Safety Performance Standards and information provided by the American Academy of Pediatrics.[2] In this way, it is possible to enhance quality incrementally, through small steps taken on a daily basis, often without large expenditures of time and resources.

Part III – Sample Bridges to Higher Quality Care

The following examples illustrate how policies, procedures and practices that meet licensing requirements can be enhanced to embody higher standards and thus provide bridges to higher quality care. They also show how child care staff can use resources, readily available to all professionals, to develop mechanisms designed to help their staff increase program quality.

The first case in point shows how the addition of information about supervision gleaned from a careful reading of ECERS and knowledge of NAEYC's accreditation criteria creates written practices that not only reflect licensing requirements, but also higher quality standards. Staff who follow these practices

are likely to provide more effective supervision and therefore, higher quality care.

The second case relates to handwashing and illustrates how child care staff can use health and safety resources such as the National Health and Safety Performance Standards to develop policies, procedures and practices for their own child care settings.

CASE IN POINT #1- SUPERVISION

THE LICENSING REQUIREMENT . . .

This case focuses on ABC Child Care and is based on a hypothetical licensing regulation/rule which states that

Every operator shall ensure that every child who is in attendance at a child care center or family day care home is supervised by an adult at all times.

THE POLICY...

ABC has a POLICY on supervision that is broad and general, but specific enough to support decision-making. It addresses licensing requirements and in recognition of research findings related to the contribution that staff make to the provision of high quality care, addresses staff needs as well:

Through adequate supervision, ABC Child Care protects the well-being of the children in its care at all times and ensures a safe working environment for its staff.

A RELATED PROCEDURE...

Among the procedures that flow from this policy, are procedures that specify the role of the director. The procedure that follows does not say how the director should act but instead, focuses on the director's responsibility:

The director shall ensure that the children and the staff are adequately supervised at all times while on the child care centre premises.

RELATED PRACTICES...

A number of more specific practices arise from this procedure, including:

- *The director shall ensure that staff at all times position themselves in such a manner that they are able to observe all of the children in the room at a glance.*
- *The director shall ensure that, for all activities, including routines and outdoor play, the entrance/exit to the area is kept in clear view of the staff.*

These practices detail how the director's supervisory responsibility should be carried out. With respect to licensing, they provide information about how ABC Child Care is meeting its requirements.

RELATED *BEST* PRACTICES...

At the same time, the development of such practices provides an opportunity to raise program quality by 'adding value' to the supervisory experience. One way of determining how the value of that experience might be enhanced is to explore how supervision is assessed, directly or indirectly, in recognized measures of quality.

For example, ECERS includes an evaluation of supervision in relation to fine motor activities:

1 *No supervision provided when children play with perceptual/fine motor materials.*

2-4 *Supervision only to protect health and safety or stop arguments.*

4-6 *Children given help and encouragement when needed (Ex. to finish puzzle, to fit pegs into holes; shown how to use scissors, etc.). Teacher shows appreciation of children's work.*

6-7 *Everything in 5 plus teacher guides children to materials on appropriate level for success. Teacher plans learning sequences to develop fine motor skills (Ex. provides children with puzzles of increasing difficulty, stringing of large beads before small beads).*

(ECERS, p. 23)[3]

NAEYC's accreditation criteria also include comments about supervision. To meet the organization's staffing criteria, programs must be "sufficiently staffed to meet the needs of and promote the physical, social, emotional, and cognitive development of children" (*Criteria*, Goal, p. 23). Item F-2 describes the role of staff in more detail:

***Sufficient staff with primary responsibility for children are available to provide frequent personal contact; meaningful learning activities; supervision; and to offer immediate care as needed**. The ratio of staff to children will vary depending on the age of the children, the type of program activity, the inclusion of children with special needs, the time of day, and other factors. **Staffing patterns should provide for adult supervision of children at all times** and the availability of an additional adult to assume responsibility if one adult takes a break or must respond to an emergency. Staff-child ratios are maintained in relation to size of group ... Staff-child ratios are maintained through provision of substitutes when regular staff members are absent. When volunteers are used to meet the staff-child ratios, they must also meet the appropriate staff qualifications unless they are parents (or guardians) of the children.* (*Criteria* F-2, p. 24 [emphasis added])

In light of information in ECERS and NAEYC's criteria, the supervisory practices presented above might be revised through the addition of more details about how the activity is to be carried out. With respect to the best practices suggested below, the first two are essentially custodial while the additional third practice, which focuses on the interaction between staff and children, provides for higher quality care by requiring staff to address the developmental needs of individual children:

- *The director shall ensure that staff at all times position themselves in such a manner that they are able to observe all of the children in the room at a glance.*
- *The director shall ensure that, for all activities, including routines and outdoor play, the entrance/exit to the area is kept in clear view of the staff.*
- *While observing the children, staff shall make every effort to interact with the children by encouraging them, showing appreciation for their achievements and suggesting developmentally appropriate activities that increase their likelihood of success.*

Adding value to the program by carrying out the third practice is not necessarily costly or time-consuming. Although, at the outset, all staff may not be able to enhance their supervisory activities as the practice suggests, the practice gives them a goal to strive for. At the same time, the practice provides an incentive and rationale for the center to either provide in-service training and/or hire staff with higher qualifications and a greater understanding of child development.

From an administrative point of view, this revision illustrates both the value of separating policies, procedures and practices and the flexibility that clearly defined practices offer. In this example, program quality is potentially enhanced through a revision to practices which leaves related policies and procedures unchanged. Further, as a revision made in response to new knowledge (the language echoes the statements in ECERS), it provides a pattern for further revision, should additional information come to light.

A CASE IN POINT #2 - HANDWASHING

THE LICENSING REQUIREMENT . . .

This case also focuses on ABC Child Care Inc and is based on a hypothetical licensing regulation/rule which states that

- *Staff and children shall wash their hands before meal and snack times and after toileting.*

THE POLICY...

In response to this rule, ABC Child Care has developed a policy on handwashing that both meets and exceeds licensing requirements. The policy begins with a broad, general statement of the purpose of handwashing ("To promote cleanliness and prevent the spread of disease") which obliges individuals to wash their hands in a wide range of situations, whether or not they are detailed in specific policies, procedures and practices.

The policy continues with language taken directly from the National Health and Safety Performance Standards (HP29) developed by the National Resource Center for Health and Safety in Child Care (NRC) and repeated in NRC's more accessible publication, *Stepping Stones* to using *Caring for Our Children.* Further, inclusion of "volunteers" among those who must wash their hands originates from a model child care health policy developed by the American Academy of Pediatrics.

The policy that follows, therefore, far exceeds the licensing requirement and provides for higher quality care by incorporating current information from highly respected professional sources:

To promote cleanliness and prevent the spread of disease, staff, children and volunteers shall wash their hands at least at the following times, and whenever hands are contaminated with body fluids:

- *Before food preparation, handling or serving.*
- *After toileting or changing diapers.*
- *After assisting a child with toilet use.*
- *Before handling food.*
- *Before any food service activity (including setting the table).*
- *Before and after eating meals or snacks.*
- *After handling animals.*[4]

RELATED PROCEDURES...

The samples that follow illustrate some of the procedures that might arise from this handwashing policy:

- *Staff shall ensure that before eating or helping with food service activities, all children have sufficient time and opportunity to wash their hands.*

- *Staff shall be aware of sanitary practices, supervise handwashing and, where necessary, provide assistance and instruction in handwashing techniques.* ☌

- *The director shall monitor handwashing activities on a weekly basis in accordance with the Center's Sanitation Plan.*

In developing these procedures, ABC has drawn further on NRC's Health and Safety Standards. For example, the need for sufficient time for handwashing arises in part from the standard that says that hands should be washed for "at least 10 seconds" (HP30). Staff awareness of sanitary practices relates to NRC's provision that "Caregivers shall be instructed in the importance of handwashing..." (ID32). Weekly monitoring and the development of a Sanitation Plan also arise from an NRC recommendation (HP32).

RELATED BEST PRACTICES

ABC's awareness of professional resources makes it likely that it will use them to develop 'best practices' for carrying out its procedures. Those procedures indicate what must be done, but do not say exactly how specific tasks should be carried out. In fact, it may be that a particular task can be carried out successfully in a number of ways, depending on circumstances. The best practices that follow arise from the second procedure presented above (☌). They provide details based on NRC standards (HP29-HP32, FA69) and the model policy of the American Academy of Pediatrics for handwashing practice in three situations: when running water is available, in special

circumstances when running water is not available, and when plumbing is permanently unavailable.

When running water is available:

- *Scrub hands with soap and water for at least 10 seconds using warm, running water. Include between fingers, under and around nail beds, and the back of hands. Liquid soap is preferred for both adults and children, but is required for children.*
- *Rinse hands well under running water with fingers down so that water flows from wrist to fingertips. Leave water running.*
- *Dry hands with a single-use or disposable towel. Use towel to turn off tap and discard.*

In special circumstances, when running water is not available:

- *Clean children's hands with disposable wipes or damp paper towels moistened with a drop of liquid soap.*
- *Wipe the child's hands with a paper towel wet with clear water.*
- *Dry the child's hands with a fresh paper towel.*

When plumbing is permanently unavailable:

- *Ensure that children have access to a handwashing sink using a portable water supply and a catch system approved by a local sanitarian.*

Once again, this case illustrates the flexibility of written practices as means to increase program quality. In each of the circumstances – whether or not water is available – these practices permit staff to carry out the same procedures and policies. Further, although each of the circumstances is different, these practices also lead to the achievement of the same goals. [A note of caution

may be necessary in relation to this example since handwashing at a sink with running water is the preferred method.]

MEASURES

Whether or not professional resources are used in the development of policies, procedures and practices, it is important to evaluate these mechanisms once they are in place to measure whether they are in fact helping to achieve compliance with licensing requirements and contributing to higher program quality.

For example, a brief evaluation of these handwashing examples in relation to NAEYC criteria suggests that they may well exceed those criteria (note: although the question of the accessibility of handwashing facilities is not represented in the examples presented in this paper, it would be addressed in a comprehensive set of procedures and practices arising from this policy).

NAEYC recommends that

- *Staff wash their hands with soap and water before feeding and after diapering or assisting children with toileting or nose wiping....* (H-14)
- *Toilets, drinking water, and handwashing facilities are easily accessible to children. Soap and disposable towels are provided. Children wash hands after toileting and between meals....* (H-17)

COMMENTARY

These examples illustrate one method of improving program quality. They happen to focus on two areas associated with program quality. In fact, a recent report on Child Care Standards from the United States General Accounting Office (July 31, 1998) indicates that there is a clear consensus that the standards that appear to be "good predictors of high quality child care" relate to caregiver education and training, child-to-staff ratios – all of which influence supervision – and safety and health – including handwashing.

The ability to raise program quality depends to a large extent on knowledge about the factors that influence quality. Policies, procedures and practices are vehicles for transporting that knowledge into day-to-day programming activities. Much of that knowledge can be acquired from acknowledged measures of quality, research reports and journal articles, and increasingly, from web sites like the one maintained by NRC (http://nrc.uchsc.edu).

Access to resources and information in company with an understanding of mechanisms that can incorporate new knowledge into daily program activities makes it possible to build bridges between levels of care required by licensing and higher quality. The process of identifying, implementing and evaluating ends, means and measures is an ongoing activity. Progress does not stop at one level, but continues to build toward ever higher quality care.

ENDNOTES

[1] See Pauline Koch, "Protecting children from harm: the role for child day care licensing standards and enforcement efforts." Summary of Session #26 in the *NARA Annual Licensing Seminar Binder (*St Paul, MN: NARA, 1997).

[2] In Canada, organizations can consult a similarly comprehensive publication by the Canadian Paediatric Society: *Well Beings: A Guide to Promote the Physical Health, Safety and Emotional Well Being of Children in Child Care Centres and Family Day Care Homes* (2nd Ed., 1996). *Little Well Beings: A Handbook on Health in Family Day Care* is designed for people who care for children in their homes. For information see http://www.cps.ca/english/publications.

[3] In the context of discussion in this paper, an ECERS score of 1 does not meet licensing requirements. A score of 2-4 is likely to correspond to compliance with licensing requirements, while scores of 4-6 and 6-7 indicates a higher quality program.

[4] Decisions about what to include in policies must always be based on judgement in relation to both given situations and guidelines for policy development. In contrast to the sample policy on supervision, which consists of a general statement, this policy is relatively specific. Because of the authority of the NRC and the importance of handwashing at those times, it includes the specific times for handwashing recommended in the NRC guidelines. Since those key times are stated in the policy, the procedures that follow focus on the actions related to the handwashing process. An alternative might have been another very general statement with a set of procedures relating to each time when handwashing is recommended. For example, an alternative policy might be: *To promote cleanliness and prevent the spread of disease, staff, children and volunteers shall wash their hands before contact with food and whenever hands are contaminated with body fluids.*

RESOURCES

American Academy of Pediatrics. Model Health Child Health Policies. http://www.paaap.org/ecels/model.htm.

"Child Care: Use of Standards to Ensure High Quality Care." Washington, D.C.: United States General Accounting Office - Health, Education and Human Services Division, 31 July 1998 (GAO/HEHS-98-223R Child Care Standards).

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